

2005 Inter-American E-Business Fellowship Program Application Form

COMPANY NAME _____

NAME OF APPLICANT _____

Applications should be returned to:

(U.S. Embassy in your country - see attached contact info.)

APPLICATIONS ARE DUE ON JUNE 10, 2005

The Inter-American program does not discriminate in training on the basis of sex, race, color, age, religion, national origin, or handicap. This policy is consistent with relevant U. S. governmental statutes and regulations

Public reporting for this collection of information is estimated to be 3 hours per response, including the time for reviewing instructions, and completing and reviewing the collection of information. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Clearance Officer, International Trade Administration, Department of Commerce, Room 4001, 14th and Constitution Avenue, N.W., Washington, D.C. 20230. reducing this burden, to the Reports Clearance Officer, International Trade Administration, Department of Commerce, Room 4001, 14th and Constitution Avenue, N.W., Washington, D.C. 20230.

INTER-AMERICAN E-BUSINESS FELLOWSHIP PROGRAM

Instructions:

- 1) **Give full and complete answers to all questions.**
- 2) Type or clearly print your answers to all questions.
- 3) Attach additional pages if necessary, but do not change or delete any questions from the application.
- 4) If submitting electronically (preferred), please name the file as: (your country your name) For example: United States_John Doe.doc. Please save all the parts of your application as **one file** in the following order:
 - This application form, completed in full.
 - Answers to essay questions (Section IV, B).
 - Your resume or CV.
 - A recommendation letter from your supervisor, which must describe your current responsibilities and approval for your absence for the duration of the term of the program (the dates of the program should be included in the approval letter).
 - (A signed paper copy of the recommendation letter and the signed certification page should be mailed by post or faxed to the U.S. Embassy contact in your country).

Note: Only those candidates who can commit to the full term of the program should complete this application.

I. GENERAL INFORMATION

Name _____
(Last name) (Middle name) (First name)

Complete Name for Place of Employment _____

Position and Title _____

Work Telephone(s) _____

Work Mailing Address _____
(Street and/or Building Name)

(City)

(Index)

E-mail address _____

Home address _____
(Street and Number, Apartment and City)

Home telephone _____

Preferred mailing address _____
(work, home, or other)

Date of Birth _____
(Month - Date - Year)

Sex (check one): ☐ Male ☐ Female

Place of Birth _____
(City and Country)

Citizenship and Passport Number _____

Please provide all alternative fax and telephone numbers, including city codes.

Telephone _____ Fax _____
(cellular) _____

In case of emergency, whom should we contact?

Name _____

Address _____

Telephone _____

Relationship (check one) ☐ Friend ☐ Co-worker ☐ Husband/Wife ☐ Family member ☐ Other _____

II. EDUCATION

A. List all post-secondary education including professional education, beginning with the most recent.

Dates	Name of Institute/University	Major Subject	Degree/ Date received

B. Knowledge of English: Please rate your knowledge of English in the following areas.

	Excellent	Good	Fair	Poor
Reading				
Writing				
Listening				
Speaking				

C. List any other languages that you know _____

III. BUSINESS AND EMPLOYMENT EXPERIENCE

A. List your business and employment history for the past ten years, beginning with the most recent.

Dates	Names of Organization	Position and Title	Responsibilities and Duties

B. Please list three professional references.

Name	Company name, address and telephone number	Relationship

IV. DESCRIPTION OF CURRENT ENTERPRISE

A. Current enterprise description

The 2005 E-Business Fellowship is open to individuals from companies with less than 500 employees.

Name of enterprise _____

Type of enterprise (i.e. industry, sector, type of good or services provided)

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The market for your product or service is: (check one)

☐ Local ☐ Regional ☐ National ☐ International

Who are your customers? (check one)

☐ State enterprises ☐ Private enterprises ☐ Individuals ☐ Other

What is the name and major function of the division or department for which you work?

What are your major responsibilities?

What is the name and title of your supervisor?

How many employees do you supervise?

How many people work at the firm? _____ Annual Gross Revenue _____

Ownership of your company (If it is owned by more than one entity or individual, please provide the ownership breakdown by percentage, including foreign ownership)

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B. Please answer the following questions.

1. Describe your present employing organization. (Please be specific in terms of private or public sector, the date it was formed, what the mission and goals are, what areas of work it is involved in, how it is structured and/ or types of goods and services it provides.)
2. *The 2005 E-Business Fellowship is seeking fellows who will serve as multipliers and pass on the lessons they learn during the fellowship to others.* How do you plan to apply the knowledge you will gain on the e-business fellowship program to your work back home both in your company and in your country as a whole? What makes you a good candidate for this program?
3. Please describe your personal experience as a manager in using technology to improve business operations. Please include information on your role in the decision-making process for the implementation of new technology.
4. What information technology improvements do you foresee your company will implement in the next two years?
5. Please identify the subject areas that you would like training in or exposure to while in the U.S.

In addition, please submit the following items along with your application:

- A recommendation letter from your supervisor, which must describe your current responsibilities and approval for your absence for the duration of the term of the program (the dates of the program should be included in the approval letter).
- A resume or curriculum vitae must also be included with your application.

CERTIFICATION

I testify that the information submitted in this application is complete and accurate. I understand that providing false information on this application or during the interview will automatically disqualify me from participation in the program. If I am selected for participation in the program and it is determined during the course of the training that any of the information provided in this application or during the interview was false, I understand that this would mean immediate dismissal from the program.

If selected, I agree to comply with all regulations of the program and all local and national laws of the U.S. Regulations of the program include, but are not limited to, the housing arrangements. I understand that while in the United States, I may be required to share my hotel room with one other individual from the training group (of the same sex). In this situation, I understand that separate beds will be provided. I declare that this type of housing arrangement is satisfactory to me and presents no difficulties. If an emergency occurs and I must return home early, I understand that I must return the remainder of the per diem to the program.

I understand that I will be provided with medical insurance to be used only for emergency situations and not for routine medical care, or treatment for any pre-existing medical or dental condition. I further understand that I will be required to pay all deductibles and other miscellaneous expenses not covered by the insurance. I understand that I may purchase my own travel and /or health insurance before departing for the United States of America if I desire – this will act as additional coverage for me while I am on the program.

I declare my intent to return to my home country at the end of my training as a program participant. I understand that the U.S. visa obtained in connection with my program training is valid only for temporary training and is not valid for employment in the United States. I understand that returning to my country at the end of my internship is a condition of my participation in the program. I further understand that traveling outside of the United States (for example, Canada or México) is strictly prohibited and would be in violation of my U.S. issued visa and would mean immediate grounds for dismissal from the program. Travel to cities in the United States that are not part of the specific training program is discouraged and will be decided on a case by case basis by program staff in Washington, D.C.

I understand that this program prohibits spouse and/or children to accompany participants to the United States.

CERTIFICACIÓN

Declaro que la información contenida en esta solicitud es completa y correcta. Entiendo que proporcionar información falsa en la solicitud o durante una entrevista descalifica mi participación en el programa. Si fuera seleccionada para participar en éste, y se determina durante el curso de capacitación que la información proporcionada en la solicitud, o parte de ella, es falsa, entiendo que esto significaría que seré despedido inmediatamente del programa.

Si fuera seleccionado, estoy de acuerdo en cumplir con todos los reglamentos del programa y todas las leyes locales y nacionales de los Estados Unidos. Los reglamentos de este programa incluyen, pero no se limitan a arreglos de vivienda. Entiendo que durante mi estadía en los Estados Unidos, es posible que tenga que compartir una habitación de hotel con otra persona del grupo de entrenamiento (del mismo sexo). En esta situación, entiendo que nos proporcionarán camas separadas. Declaro que este tipo de arreglo es satisfactorio para mí y no me representa ninguna dificultad. Si por una emergencia, debo regresar a mi país antes de terminar el programa, entiendo que debo regresar el sobrante del costo diario a dicho programa.

Declaro mi intención de regresar a mi país al término del entrenamiento como participante en el programa. Entiendo que la visa obtenida en conexión con mi entrenamiento en este programa es válida sólo temporalmente para este entrenamiento y no para trabajar en los Estados Unidos. Comprendo que una de las condiciones para poder participar en este programa es regresar a mi país al terminar el mismo. También tengo entendido que viajar fuera de los Estados Unidos (por ejemplo, Canadá o México) está estrictamente prohibido y sería en violación de mi visa expedida por los Estados Unidos y resultaría en mi inmediato despido del programa. También debo evitar viajar a otras ciudades de los Estados Unidos que no sean parte específica del programa. Para hacerlo, será necesario la aprobación del equipo a cargo del programa en Washington, D.C., la cual será realizada caso por caso.

Entiendo que este programa prohíbe que el participante sea acompañado a los Estados Unidos por su esposa(o) y/o hijos.

Signature/Firma: _____

Date/ Fecha: _____

E-BUSINESS FELLOWSHIP PROGRAM
U.S. Embassy Contacts
April 2005

BOLIVIA

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SaenzTC@state.gov

COLOMBIA

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ECUADOR

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PERU

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